

SG Forging Relationships, Finding Solutions To Save Lives

Press Release

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PETERSON AFB, Colo. ? While the command surgeon?s office (SG) here is not out ?to explore strange new worlds and seek out new civilizations,? it is trekking across the nation in an effort to build relationships and find solutions that could ultimately save lives.

?Part of what we are doing is defining our roles and responsibilities. But we are also building relationships with other civilian and federal agencies involved in homeland security and homeland defense,? said Air Force Brig. Gen. (Dr.) Lloyd Dodd, command surgeon for North American Aerospace Defense Command and U.S. Northern Command at Peterson AFB.

?About 70 percent of my job involves building relationships and, to do that properly, I spend about 45 percent of my time on the road.? Dodd said the statistics hold true for other members of his staff.

?We go to places where people are doing work that could be valuable to the Department of Defense, especially in the realm of CBRNE (chemical, biological, radiological, nuclear high-yield explosives).? This means visiting military organizations, industry, university and medical research laboratories and other health-related agencies.

SG staff members also crisscross the nation several times each month to attend major medical conferences, seminars, disaster planning sessions and exercises. Not only do these meetings provide a forum to talk about the USNORTHCOM mission but they also provide an opportunity to learn how local, state and other federal agencies operate during a disaster or emergency. Additionally staff members get an opportunity to determine how military medical resources can best fit into the picture, Dodd said.

SG?s primary mission is advising the NORAD and USNORTHCOM commander about health and environmental issues that could affect the troops. SG also coordinates Department of Defense medical support to civil authorities when there is a presidential declared emergency or disaster situation.

The type of support SG can arrange hinges on two factors: the scope of the disaster and the extent of assistance needed.

For example, Dodd said, if a state requested federal military assistance because of a bioterrorism attack, SG would work with Joint Forces Command and the Joint Director of Operational Military Support to identify and deploy everything from medical staff to decontamination teams and equipment.

?Our planning process includes looking at how DOD assets can be re-tasked for use in a homeland security situation,? said Dodd. Because SG cannot duplicate resources available in the civilian community, SG has assigned military medical planners to four regions of the country to identify civilian capabilities. These Joint Regional Medical Plans and Operational Divisions (JRMPOs) are located at Ft. McPherson, Ga.; Fort Meade, Md.; Ft. Lewis, Wash.; and Fort Sam Huston, Texas.

JRMPOs work directly with the regional federal emergency management agencies and track information such as the civilian and federal assets available in an area to meet immediate needs, Dodd said. During an emergency, the medical planners also advise

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and make recommendations to the on-scene defense coordinating officer (DCO) about issues such as which patients should go to which medical facility and the number of patients each facility can handle. "They also know who to talk to in order to access those facilities," Dodd said.

Since millions of lives may depend on what the command surgeon's office does, SG works closely with other USNORTHCOM and DOD agencies to "pre-identify" initial entry forces (IEFs) to handle situations before, during and after an emergency or disaster event. "USNORTHCOM can place these IEFs on stand by as soon as it appears federal military assistance may be needed," Dodd said.

But just having the right resources standing by is not enough for Dodd. His goal is to get the IEF in place faster, tailor each team to meet the situation and provide better support to the IEF.

"If I get a call that there's an outbreak of plague or some other situation, I'd like to be able to say, 'We'll get something to you in six hours,' not six days," Dodd said. SG also is trying to capitalize on the "strengths" that each military service can contribute to the IEF.

For example, Dodd said, if the primary federal agency in charge of a situation requested chemical and biological experts, the command might turn to the Marine Corps Chemical Biological Incident Response Force, which "possibly has the best chemical and biological capability in the nation." Likewise, if a state requested mobile maritime assets, "we might turn to the Navy."

The Air Force has the best radiation assessment team and the Army has "tremendous capability and experience in handling infectious diseases," said Dodd. "Our job is to bring these strengths to the IEF where they can be quickly used to support civil authorities."

But USNORTHCOM probably would not be the first military unit on scene since the National Guard "under the governor's authority" still has primary responsibility for emergency and disaster situations. However, some regions within the command's area of responsibility "such as those outside U.S. borders" do not have Guard units, so SG is also working on its "next generation of responsibilities," Dodd said.

"We want to develop those international relationships not only to learn from one another, but also so we can support one another when something happens," Dodd said. Echoing a quote by Gen. Ed Eberhart, NORAD and USNORTHCOM commander, Dodd said "Our goal is to put the right forces on the ground at the right place and at the right time to save lives."